

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Applicant: Ashkenazi et al. Docket No.: 39780-1618P2C9  
 Serial No.: 09/904,462 Group Art Unit: 1646  
 Filing Date: July 13, 2001 Examiner: Jiang, Dong  
 For: **PRO229 POLYPEPTIDES**

Box Fee Amendment  
 Commissioner for Patents  
 Washington, D.C. 20231

**TRANSMITTAL**

- ☒ Transmitted herewith are the following documents for the above-referenced application:
- ☒ Amendment and Response to Office Action;
  - ☒ version with markings to show changes made;
  - ☒ Supplemental IDS/PTO 1449 with copies of two (2) cited references;
  - ☒ Petition for three-month Extension of Time to File; and
  - ☒ Authorization to charge Deposit Account No. 08-1641 \$1,110 for a 3-month Extension of Time to File and the Supplemental IDS/PTO Form 1440.

**STATUS**

- ☒ Applicant is
- ☐ a small entity
  - ☒ other than a small entity.

**EXTENSION OF TIME**

- ☒ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

| Extension<br>(months)                            | Fee for other than<br>small entity | Fee for<br>small entity |
|--|------------------------------------|-------------------------|
| <input type="checkbox"/> one month               | \$ 110.00                          | \$ 55.00                |
| <input type="checkbox"/> two months              | \$ 410.00                          | \$205.00                |
| <input checked="" type="checkbox"/> three months | \$ 930.00                          | \$465.00                |
| <input type="checkbox"/> four months             | \$1,445.00                         | \$725.00                |

Fee \$930.00

- ☐ Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**CERTIFICATE OF MAILING (37 CFR 1.8(a))**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Box No-Fee Amendment, Commissioner for Patents, Washington, D.C., 20231.

Date: March 3, 2003

*Cheryl Ann Rogers*  
 Cheryl Ann Rogers

**FEE FOR CLAIMS**

☐ If an additional extension of time is required please consider this a petition therefor.

☐ An extension for \_\_\_\_\_ months has already been secured and the fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

☐ The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

|  |                                 |               |                  |            | OTHER THAN A SMALL ENTITY |                  |      |    |
|--|---------------------------------|---------------|------------------|------------|---------------------------|------------------|------|----|
| (Col. 1)   | (Col. 2)                        | (Col. 3)      | SMALL ENTITY     | OR         |                           |                  |      |    |
| Claims Remaining After Amendment                                   | Highest No. Previously Paid For | Present Extra | Rate             | Addit. Fee | Rate                      | Addit. Fee       |      |    |
| Total  | Minus *0*                       | 20            | =                | 0          | x9=                       | \$               | x18= | \$ |
| Indep.   | Minus *0*                       | 3             | =                |            | x40=                      | \$               | x80= | \$ |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |                                 |               | +130=            | \$         | x260=                     | \$               |      | \$ |
|  |                                 |               | TOTAL ADDIT. FEE | \$         | OR                        | TOTAL ADDIT. FEE | \$   | \$ |

☒ No additional fee for claims required.  
☐ Total additional fee for claims required \$ \_\_\_\_\_

**FEE PAYMENT**

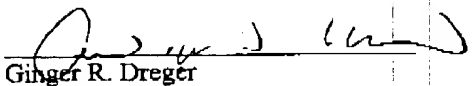
☐ Attached is a check in the sum of \$ \_\_\_\_\_ for additional claims fee.  
☒ Charge Account No. 08-1641 the sum of \$1,110.00 for the 3-month Extension of Time to file and the submission of the Supplemental IDS/PTO Form 1449.

**FEE DEFICIENCY**

☒ In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 08-1641. A duplicate of this authorization is enclosed for that purpose.

☒ Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Date: March 3, 2003

  
 Gihger R. Dreger  
 Reg. No. 33,055

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